Image# 12961034498

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
Health Coalition on Liability and Access

(b) Address (number and street) ☐ check if different than previously reported
PO Box 78096

(c) City, State and ZIP Code
Washington DC 20013-8096

2. FEC Identification Number
C C30002125

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 10/19/2012 through 10/24/2012

5. (a) Date of Public Distribution(s) 10/24/2012 **(b) Communication Title** Common Sense

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☒

8. Custodian of Records

(a) Name
Michael C. Stinson

(b) Address (number and street)
2275 Research Boulevard, Ste. 250

(c) City, State and ZIP Code
Rockville MD 20850

(d) Name of Employer or Principal Place of Business
Physician Insurers Assn. of America

(e) Occupation
Dir. of Gov't Relations

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 29995.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Michael C. Stinson

SIGNATURE *Michael C. Stinson* ***[Electronically Filed]*** **DATE** 10/25/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.